

**MARRIAGE AND FAMILY THERAPIST  
APPLICATION PACKET**

1800 37A-318 (REV. 3/04)

Dear Applicant:

Thank you for your interest in becoming a California Licensed Marriage and Family Therapist.  
Included in this packet are:

1. Instructions for Completing the Application
2. Applicant Live Scan Information
3. Application for State License as a Marriage and Family Therapist
4. Attachment A to Application for State License as a Marriage and Family Therapist
5. Attachment B to Application for State License as a Marriage and Family Therapist
6. Marriage and Family Therapist Experience Verification form
7. Marriage and Family Therapist Verification of  
Licensure/Registration/Certification in Another State form
6. Examination Security Notice
7. Photographs Form
8. Personal Data Card

BOARD OF BEHAVIORAL SCIENCES

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR STATE LICENSE AS A MARRIAGE AND FAMILY THERAPIST

Submit a completed application to:

Board of Behavioral Sciences  
400 R Street, Suite 3150  
Sacramento, CA 95814-6240

**Please review this checklist to ensure that all required original documents are furnished to the Board. (Please retain a copy of all documents submitted to the Board). All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete.**

- ☐ APPLICATION: Complete all sections. The application **must** be signed.
- ☐ TWO PHOTOGRAPHS: Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. Both photographs must be of passport quality of your head and shoulders **only**. Both photographs should be affixed to the enclosed Photographs Form.
- ☐ PERSONAL DATA CARD: Please type or print legibly. The address you enter on this card is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.
- ☐ EXAMINATION SECURITY NOTICE: The notice **must** be completed and signed. Failure to complete the notice may affect your examination eligibility.
- ☐ FEE:
  - a. Submit a \$200.00 check or money order made payable to the Behavioral Sciences Fund. The \$200.00 fee consists of a \$100.00 application fee and a \$100.00 written examination fee. The application fee is an earned fee for evaluation of your application and is **NOT REFUNDABLE**.
  - b. Once you successfully pass the written examination, you will be required to complete an application for written clinical vignette examination and submit it with a \$100.00 fee. **DO NOT SUBMIT THE \$100.00 WRITTEN CLINICAL VIGNETTE EXAMINATION FEE AT THIS TIME.**
  - c. Once you have successfully passed both examinations, you will be required to submit a Request for Initial License with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.
- ☐ REQUIRED EDUCATION & TRAINING VERIFICATION: All training verifications should be included with your application unless identified on your transcript previously submitted for intern registration.
  - a. Child Abuse Assessment and Reporting (Sections 28 and 4980.41(b) of the Business and Professions Code; Section 1807.2 of Title 16, California Code of Regulations)-7 contact hours of training or coursework.
  - b. Human Sexuality (Sections 25 and 4980.41(c) of the Business and Professions Code; Section 1807 of Title 16, California Code of Regulations)-10 contact hours of training or coursework.
  - c. Alcoholism and Chemical Substance Dependency (Section 4980.41(d) of the Business and Professions Code; Section 1810 of Title 16, California Code of Regulations)-1 semester unit course with no less than 15 hours of classroom training.

- d. California Law and Professional Ethics (Section 4980.41(a) of the Business and Professions Code)-2 semester or 3 quarter unit course.
- e. Spousal or Partner Abuse Assessment, Detection, and Intervention Strategies (Sections 4980.41(e) and 4980.90(b)(5) of the Business and Professions Code)- **This coursework is required for those applicants who began graduate training on or after January 1, 1995. For those who began graduate training on or after January 1, 2004 and for out-of-state applicants (regardless of when graduate training began) this coursework must be 15 contact hours.**
- f. Psychological Testing (Sections 4980.41(f) and 4980.90(b)(6) of the Business and Professions Code)- 2 semester or 3 quarter unit survey course. **The course is required for persons who began graduate study on or after January 1, 2001 and all out-of-state applicants regardless of when graduate training began.**
- g. Psychopharmacology (Sections 4980.41(g) and 4980.90(b)(7) of the Business and Professions Code)-2 semester or 3 quarter unit survey course. **This course is required for persons who began graduate study on or after January 1, 2001 and all out-of-state applicants regardless of when graduate training began.**

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TRANSCRIPTS: Transcripts need to be submitted for all applicants who have never registered with the Board as an Intern.

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EXPERIENCE VERIFICATION FORMS:

Experience verification form(s) are certified statement(s) from acceptable supervisor(s) verifying at least two years (3,000 hours obtained over 104 weeks) of supervised experience. The forms must have the original signature of the verifying party.

- 1. Document personal psychotherapy on #17 of this application. The board is no longer requiring a separate verification form. NOTE: All hours must fall within the 6 years immediately preceding the date the application for licensure was filed.
- 2. If your supervisor was employed by your employer on a voluntary basis, attach a copy of the signed written agreement as required by Title 16, California Code of Regulations Section 1833(b)(4).
- 3. Complete attachments "A" and "B" Pre-degree and Post-degree experience forms.

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RESPONSIBILITY STATEMENTS: Submit original statements from each supervisor from whom you are claiming supervised experience.

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VERIFICATION OF LICENSURE IN ANOTHER STATE FORM(S), IF APPLICABLE: Include certified statement(s) from each state where you hold or have held a license to practice Marriage and Family Therapy. This form may be reproduced if additional forms are needed. IF VERIFICATION OF YOUR SUPERVISOR'S LICENSE OR YOUR EXPERIENCE CANNOT BE OBTAINED FROM THE APPROPRIATE LICENSING AGENCY, YOUR EXPERIENCE MAY NOT BE APPLIED TOWARD THE LICENSING REQUIREMENTS.

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DOCUMENTS AND/OR LETTERS EXPLAINING PRIOR CONVICTION(S) AND/OR DISCIPLINARY ACTION(S) AND ATTESTING TO YOUR REHABILITATION, IF APPLICABLE: Please refer to the REPORTING PRIOR CONVICTION(S) and/or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

## I. INFORMATION:

### 1. GENERAL:

All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**

### 2. EXAMINATION:

Applicants will be sent notice of eligibility for examination or notice of application deficiency within 90 days following the Board's receipt of a completed application and accompanying documentation. Written examinations contain objective multiple-choice questions and are given in various locations throughout California. It is the responsibility of the applicant to call the test administrator and arrange a time and place to take the examination. *(Further information regarding the written examination is provided in the MFT written exam Candidate Handbook, which applicants receive as their "Notice of Eligibility".)*

### 3. REQUESTS FOR ACCOMMODATION:

All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request a Request for Accommodation package.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

### 4. ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. **CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**

### 5. ABANDONMENT OF LICENSURE APPLICATION:

In accordance with Title 16, California Code of Regulations Sections 1806 and 1833.3, an application shall be deemed abandoned if the applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter; the applicant fails to sit for examination within one (1) year after being notified of eligibility; or the applicant fails to retake an examination within one (1) year from the date of failure; the applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements. An application submitted subsequent to the abandonment of a prior application shall be treated as a new application.

### 6. LAWS AND REGULATIONS:

To obtain a copy of the *Laws and Regulations*, **please submit a written request to the Board** (type or print clearly your name and address), **or you may download the information from our Web site.**

7. **DUPLICATION OF BOARD FORMS:**

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

**II. REPORTING PRIOR CONVICTION(S):**

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- (a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- (c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- (d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- (e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have pled guilty or nolo contendere to a misdemeanor or felony conviction (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

- ☐ 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- ☐ 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a Proof of completion of probation if it was required.
  - b Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose **all** convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

**III. REPORTING DISCIPLINE AGAINST LICENSE(S):**

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.

- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. Proof of completion of probation if it was required.
  - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose **all** disciplines against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

#### **IV. NOTICE OF COLLECTION OF PERSONAL INFORMATION:**

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4980.40, 4980.41, 4980.43, 4980.44, 4980.90 and Article 2 of Chapter 13 (commencing with section 4982), and Title 16 of California Code of Regulations Sections 1805, 1806, 1833, and 1833.1. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Board of Behavioral Sciences at 400 R Street, Suite 3150, Sacramento, CA 95814, (916) 445-4933 or email [BBSWebMaster@bbs.ca.gov](mailto:BBSWebMaster@bbs.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 400 R Street, Sacramento, CA 95814, (866) 785-9663 or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).



**BOARD OF BEHAVIORAL SCIENCES**  
400 R Street, Suite 3150, Sacramento, CA 95814-6240  
Telephone (916) 445-4933  
TDD (916) 322-1700  
Website Address: <http://www.bbs.ca.gov>



## **APPLICANT LIVE SCAN**

The Board of Behavioral Sciences now utilizes Applicant Live Scan for its fingerprinting services. This service will enable the Board to process applications more efficiently by reducing response times from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). As a result, your application packet does not contain a fingerprint card and you are to disregard the information contained in the instructions relating to fingerprint card submission. **Do not submit fingerprint fees to the Board.** Submit application and/or examination fees only.

### **PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:**

1. **Forms & Instructions:** A Request for Live Scan Service – *Applicant Submission* form [BCII 8016 (10-98)] and the instructions on how to complete the form will be mailed to you once your application for registration or licensure has been received.
2. **Live Scan Services:** A list of the locations and business hours for the sites that offer Live Scan services is available at <http://caag.state.ca.us/app/livescan.htm>, or you may contact your local Police Department, Sheriff Department, or school district. You are strongly encouraged to call the Live Scan service site to determine if an appointment for fingerprinting is required.
3. **Payment:** The live scan agency will collect the fingerprint processing fees directly from the applicant. The processing fee for DOJ is \$32.00, and for FBI \$24.00. Please check with the Live Scan service site to determine additional fees charged for “rolling” prints and/or administrative processing. **DO NOT** submit fingerprint processing fees to the Board. **ALL APPLICANTS MUST HAVE THEIR FINGERPRINTS PROCESSED THROUGH DOJ AND FBI.**
4. **Issuance of Registration or License:** Registrations and licenses will only be issued if there is a clearance of the fingerprint requirement. This means the fingerprint result provided by DOJ and/or FBI indicated no criminal conviction(s), or the criminal conviction(s) provided to the Board has been evaluated and cleared by appropriate Board staff.
5. **Fingerprint Processing Timeframe:** The response time for Live Scan processing through DOJ is approximately 14 days, and FBI is approximately 30 days, for those with “no record.” Expect delayed processing times for those with a “criminal history.”

If you have any questions, you may contact the Board at (916) 445-4933.

BOARD OF BEHAVIORAL SCIENCES  
(10/02)

**APPLICATION FOR STATE LICENSE AS A  
MARRIAGE AND FAMILY THERAPIST**

1800 37A-300 (REV. 03/04)

400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240

TELEPHONE: (916)445-4933 TDD: (916)322-1700

WEB SITE ADDRESS: <http://www.bbs.ca.gov>*For Office Use Only:*

Cashiering No. \_\_\_\_\_

FP Card Rec'd. ☐ YES ☐ NOConviction ☐ YES ☐ NODisciplinary Action ☐ YES ☐ NO

APPROPRIATE FEE MUST ACCOMPANY THIS FORM

*Make check payable to - Behavioral Sciences Fund**(Please type or print clearly in ink)*

1. NAME: Last First Middle

Maiden name and any other AKA

2. ADDRESS OF RECORD:\* Number and Street

City

State

Zip Code

3. BUSINESS TELEPHONE:

4. RESIDENCE TELEPHONE:

5. BIRTH DATE: mo/day/yr

6. SOCIAL SECURITY NUMBER:\*\*

7. SEX:

8. EDUCATION: *(Qualifying Degree)*

9. NAME OF SCHOOL, COLLEGE OR UNIVERSITY:

*If coursework or training was not identified on transcripts, please submit copy of certificate of completion.*10. CHILD ABUSE ASSESSMENT AND REPORTING TRAINING: ☐ Yes ☐ No11. HUMAN SEXUALITY TRAINING: ☐ Yes ☐ No12. ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY: ☐ Yes ☐ No13. CALIFORNIA PROFESSIONAL LAW AND ETHICS: ☐ Yes ☐ No14. SPOUSAL OR PARTNER ABUSE ASSESSMENT, DETECTION AND INTERVENTION: ☐ Yes ☐ No15. PSYCHOLOGICAL TESTING *(Out of state applicants)* ☐ Yes ☐ No16. PSYCHOPHARMACOLOGY *(Out of state applicants)* ☐ Yes ☐ No17. PERSONAL PSYCHOTHERAPY RECEIVED: *(May include group, marital or conjoint, family, or individual psychotherapy)*

NAME OF PSYCHOTHERAPIST	LICENSE #	DATE(S) PSYCHOTHERAPY RECEIVED	TOTAL HRS.
			___ X 3 =
			___ X 3 =
			___ X 3 =
			___ X 3 =

18. HAVE YOU BEEN LICENSED TO PRACTICE MARRIAGE AND FAMILY THERAPY IN ANOTHER STATE

OR FOREIGN COUNTRY?..... YES ☐ NO ☐*If YES, complete the following: (Submit verification of licensure in another state for each state listed.)*

STATE/COUNTRY	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS



19. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY?..... YES ☐ NO ☐

*If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.*

20. HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18<sup>th</sup> birthday or any traffic violations for which a fine of \$500 or less was imposed.) ..... YES ☐ NO ☐

*If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.*

***I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.***

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Applicant*

*\*The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address such as a PO Box.*

*\*\*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*



**BOARD OF BEHAVIORAL SCIENCES**  
 400 R Street, Suite 3150, Sacramento, CA 95814-6240  
 Telephone (916) 445-4933  
 TDD (916) 322-1700  
 Website Address: <http://www.bbs.ca.gov>



## Attachment A

### Attachment to Application for State License as a Marriage and Family Therapist Pre-degree/Trainee Experience

List recent experience first. Use additional sheets if necessary.

Applicant's name \_\_\_\_\_

1

2

3

#### SUPERVISOR

Supervisor's name			
License type and number			
Date of issue			

#### LOCATION

Name of employer			
Address			

#### SUMMARY

Starting date			
Ending date			
Number of weeks			
Hours (inc. supervision)			

#### SUPERVISION

Total individual hours			
Total group hours			



**BOARD OF BEHAVIORAL SCIENCES**  
 400 R Street, Suite 3150, Sacramento, CA 95814-6240  
 Telephone (916) 445-4933  
 TDD (916) 322-1700  
 Website Address: <http://www.bbs.ca.gov>



## Attachment B

### Attachment to Application for State License as a Marriage and Family Therapist Post-degree/Intern Experience

*List recent experience first. Use additional sheets if necessary.*

Applicant's name

1

2

3

#### SUPERVISOR

Supervisor's name			
License type and number			
Date of issue			

#### LOCATION

Name of employer			
Address			

#### SUMMARY

Starting date			
Ending date			
Number of weeks			
Hours (inc. supervision)			

#### SUPERVISION

Total individual hours			
Total group hours			

STATE OF CALIFORNIA  
**MARRIAGE AND FAMILY THERAPIST EXPERIENCE**  
**VERIFICATION**  
1800 37A-301 (REV. 3/04)

BOARD OF BEHAVIORAL SCIENCES  
400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240  
TELEPHONE: (916)445-4933 TDD: (916)322-1700  
WEB SITE ADDRESS: <http://www.bbs.ca.gov>

*The supervisor must complete this form. Use a separate form for each person verifying hours of supervised experience for licensure as a marriage and family therapist and for each employment setting. **Make certain that the form is complete and correct prior to signing. Any change should be initialed by the supervisor and is subject to verification.** Experience verification forms are to be submitted by the applicant with his or her application for licensure.*

APPLICANT NAME: \_\_\_\_\_

**SUPERVISOR** (Please type or print clearly in ink.)

1. SUPERVISOR NAME: Last First Middle

2. ADDRESS: Number and Street

City	State	Zip Code
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3. BUSINESS TELEPHONE:

4. NAME OF APPLICANT'S EMPLOYER:

5. ADDRESS: Number and Street

City	State	Zip Code
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6. BUSINESS TELEPHONE:

7. Experience was gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes ☐ No ☐

8. Experience was gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice for the profession? Yes ☐ No ☐

9. As the supervisor I provided supervision on a voluntary basis? Yes ☐ No ☐  
If yes, attach the original written agreement between you and the applicant's employer required by Title 16, California Code of Regulations Section 1833(b)(4).

10. Dates the experience is being claimed: From \_\_\_\_\_ To \_\_\_\_\_  
Mo Day Yr Mo Day Yr

11. How many weeks of supervised experience are being claimed? \_\_\_\_\_

12. Show only those hours of experience as verified on the weekly summary of hours form. Logged Hours

a. Individual counseling (No Min. or Max. hrs. Required) a. \_\_\_\_\_

b. Couples, families, and children (Min. 500 hrs.) b. \_\_\_\_\_

c. Group counseling (Max. 500 hrs.) c. \_\_\_\_\_

d. Telephone counseling (Max. 250 hrs.) d. \_\_\_\_\_

e. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (Max. 250 hrs.) e. \_\_\_\_\_

f. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling (Max. 250 hrs.) f. \_\_\_\_\_

**Total** \_\_\_\_\_

13. Face-to-face supervision: Hours per week Logged Hours

a. Individual \_\_\_\_\_

b. Group (Group supervision contained no more than 8 persons.) \_\_\_\_\_

14. SUPERVISOR: \_\_\_\_\_  
Type of License License Number State of License Date Originally Licensed

If M.D., were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? Yes ☐ No ☐

Date Board Certified: \_\_\_\_\_

***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

\_\_\_\_\_  
Date Signature

**MARRIAGE AND FAMILY THERAPIST  
VERIFICATION OF LICENSURE/REGISTRATION/  
CERTIFICATION IN ANOTHER STATE**  
1800 37A-527 (REV. 3/04)

BOARD OF BEHAVIORAL SCIENCES  
400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240  
TELEPHONE: (916)445-4933 TDD: (916)322-1700  
WEB SITE ADDRESS: <http://www.bbs.ca.gov>

(Please type or print)

California Applicant's Name: \_\_\_\_\_ Verification For: ☐ myself ☐ my supervisor

Applicant's SSN: \_\_\_\_\_

Complete this section authorizing release of information by another state licensing program. Mail this form and any necessary fees to that licensing agency.

Name of Individual to be Verified: \_\_\_\_\_ License/Reg./Cert. No. \_\_\_\_\_

*I hereby authorize the release of information to the California Board of Behavioral Sciences.*

Signature

Date

To be completed by the state in which the above individual is licensed, registered, or certified:

1. The above individual is ☐ licensed ☐ registered ☐ certified as a (title) \_\_\_\_\_ in the state of \_\_\_\_\_

2. The name of the licensee/registrant/certified individual, as shown in your records: \_\_\_\_\_

3. The license/registration/certificate is: ☐ current ☐ temporary ☐ canceled ☐ lapsed  
Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Any complaints or disciplinary actions? ☐ Yes ☐ No (If Yes, attach an explanation).

4. At the time of licensure/registration/certification this individual met the following requirements:

**Required Education:** Degree \_\_\_\_\_

From a school that met the following requirements: \_\_\_\_\_

Regional accreditation required? \_\_\_\_\_

**Experience Submitted:** Number of years \_\_\_\_\_

Number of direct client contact hours \_\_\_\_\_

Total hours of experience \_\_\_\_\_

Number of direct supervisor contact hours per week \_\_\_\_\_

Supervisor credentials required \_\_\_\_\_

**Required Examination:** ☐ Yes ☐ No. If yes, list examination(s), type, and title \_\_\_\_\_

Signature of Person Completing Form

Date

Printed or Typed Name and Official Title

Agency/Organization Name

Address

Affix Board

Seal Here

**Please return form to:**

Board of Behavioral Sciences  
400 R Street, Suite 3150  
Sacramento, CA 95814-6240



California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

*“It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination...”*

Conduct that subverts or attempts to subvert a licensing examination includes:

- removal of examination materials from the examination room;
- unauthorized reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination material;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials;
- communicating with other candidates during the examination or permitting one's answers to be copied by another candidate;
- impersonating another candidate or having another person take the examination on one's behalf.

A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed \$10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.

<b>COMPLETE THIS SECTION</b>
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*I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.*

LICENSE APPLICATION TYPE      LCSW ☐      MFT ☐      LEP ☐

CANDIDATE'S NAME (print) \_\_\_\_\_

BBS FILE NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CANDIDATE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Complete and submit this form. Please type or print clearly in ink. Attach the photograph(s) to the spot(s) indicated below.

TYPE OF APPLICATION FILING:

- a. Registration as an Associate Clinical Social Worker
- b. Registration as a Marriage and Family Therapist Intern
- c. State License as a Licensed Clinical Social Worker
- d. State License as a Marriage and Family Therapist
- e. State License as an Educational Psychologist

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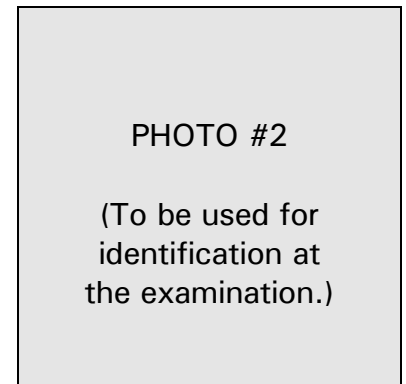
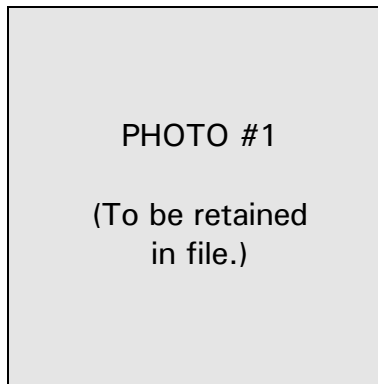
NAME (as it appears on license or registration)		SOCIAL SECURITY NUMBER	
ADDRESS:	NUMBER AND STREET	CITY	STATE
			ZIP CODE
BUSINESS TELEPHONE		RESIDENCE TELEPHONE	

PHOTOGRAPH(S):

If Item 1a or 1b is checked above, then attach **ONE** 2" x 2" photograph taken of you within the last 60 days.

If Item 1c, 1d, or 1e is checked above, then attach **TWO** 2" x 2" photographs taken of you within the last 60 days.

(Head and Shoulders Only)



*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

The Board of Behavioral Sciences does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities.

The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA Coordinator.



Receipt No.	Regis. No.	<b>type or print name</b> _____ (LAST) (FIRST) (MIDDLE)
		<b>ADDRESS</b> _____ _____ (CITY) (STATE) (ZIP)
Date Received		
		SOCIAL SECURITY #:
		DATE OF BIRTH:
		<b>PERSONAL DATA CARD</b> STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS BOARD OF BEHAVIORAL SCIENCES <b>THIS CARD <u>MUST</u> ACCOMPANY YOUR <u>APPLICATION</u></b>
Form 37M-400 (Rev. 1/04)		